

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Medical Assistance Administration
Olympia, Washington

To: Outpatient Hospitals
Managed Care Plans

Memorandum No.: 05-13 MAA
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From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For Information Contact:
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Subject: Outpatient Hospitals: Updated Fee Schedules and Retroactive Fee Schedule Corrections

Effective for dates of service on and after April 1, 2005 the Medical Assistance Administration (MAA) is making the following changes:

- Updating the Outpatient Hospital Fee Schedule and the Outpatient Prospective Payment System (OPPS) Fee Schedule;
- Discontinuing coverage for certain CPT codes;
- Beginning coverage for procedure code T1016 when criteria is met and procedure code 97150 when performed by an occupational therapist; and
- Beginning coverage for procedure codes G0330 and G0331 for non-OPPS hospitals.

Retroactive to dates of service on and after January 1, 2005, MAA corrected the prior authorization requirements for procedure codes 97605 and 97606.

Retroactive to dates of service on and after July 1, 2004, MAA increased the maximum allowable fee for procedure code V2785.

Discontinued Procedure Codes

Effective for dates of service on and after April 1, 2005 MAA is discontinuing coverage for the following codes:

Procedure Code	Brief Description
29866	Autgrft implnt, knee w/scope
29867	Allgrft implnt, knee w/scope
43257	Uppr gi scope w/thrml txmnt

PET Scans

Effective for dates of service on and after April 1, 2005 MAA is adding the following PET scan codes to the Outpatient Hospital Fee Schedule:

PA?	Procedure Code	Brief Description	Maximum Allowable Fee
PA	G0330	Imaging, initial diagnosis cervical	B.R.
PA	G0331	Pet imaging restage ovarian cancer	B.R.

Group Occupational Therapy

Effective for dates of service on and after April 1, 2005 MAA reimburses hospitals for the following procedure code when provided in the outpatient setting:

Procedure Code	Brief Description	Maximum Allowable Fee
**97150	Group Therapeutic Procedures	\$10.65

** MAA reimburses for this code when done by an Occupational Therapist. **All occupational therapy authorization, diagnosis, and unit limits apply.** See MAA's *Occupational Therapy Billing Instructions*.

Family Conference for Complex Pediatric Clients:

Effective for dates of service on and after April 1, 2005 MAA reimburses hospitals for Family Conferences/Case Management, procedure code T1016, when **all** of the following conditions are true and documented in the client's medical record:

- The client is 20 years of age or younger;
- The client has a diagnosis code of 315 - 389.99;
- The client is receiving all three therapy modalities (physical therapy, occupational therapy, and speech therapy);
- All therapists are employed by the hospital;
- At least two of the three types of therapists (physical therapist, occupational therapist, and speech therapist) attend the conference; **and**
- At least one family member/client representative attends the conference.

Procedure Code	Brief Description	Maximum Allowable Fee
T1016	Case Management	\$14.11



Note: Due to its licensing agreement with the American Medical Association regarding the use of Current Procedural Terminology (CPT) codes and descriptions, MAA publishes only the official brief descriptions for all codes. Refer to the current published CPT book for complete descriptions.

Corrections to Fee Schedules

Retroactive to dates of service on and after January 1, 2005, MAA has corrected the entries in the Outpatient Hospital Fee Schedule and OPPS Fee Schedule, published in Numbered Memo 04-95 MAA, for procedure codes 97605 and 97606. These codes do not require prior authorization and the fees for both codes are bundled. These fees were loaded correctly in MAA's Medicaid Management Information System (MMIS) for payment but were listed incorrectly in the printed fee schedules.

Retroactive to dates of service on and after July 1, 2004, MAA has corrected the fee listed in the Outpatient Hospital Fee Schedule and OPPS Fee Schedule for procedure code V2785. The fee was raised from \$1850.00 to \$1975.00. **Providers may need to submit adjustments.**

How can I get MAA's provider issuances?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.